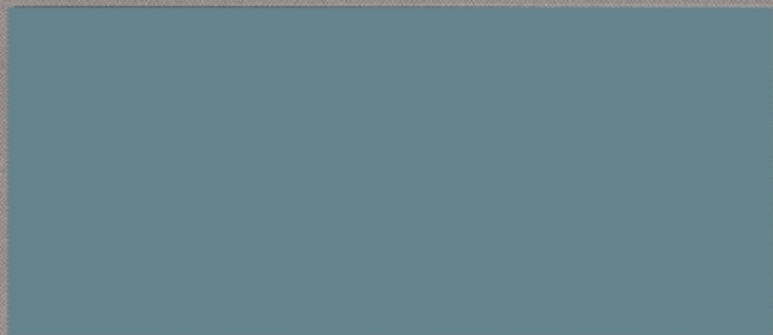
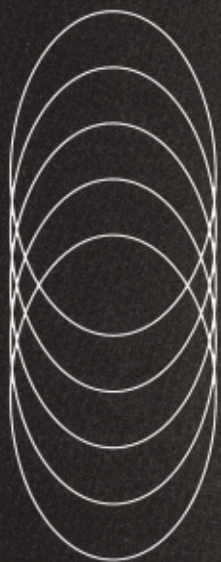
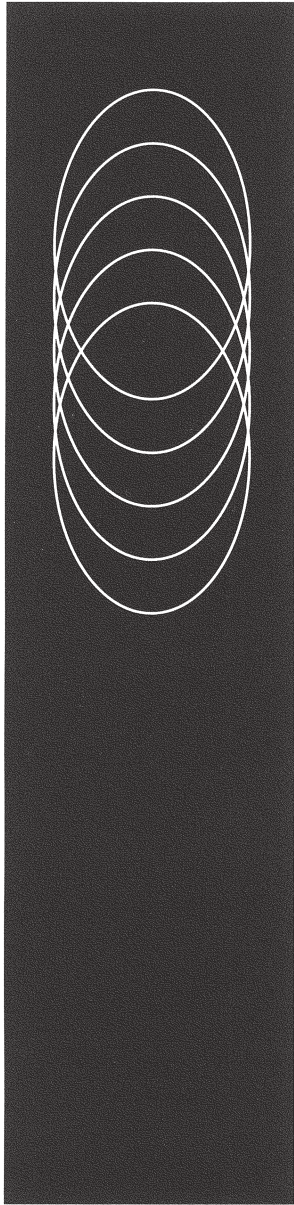


Developing and Revising HIV Policies



BOOKLET 2

DIVISION OF ADOLESCENT AND SCHOOL HEALTH
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION
AND HEALTH PROMOTION
CENTERS FOR DISEASE CONTROL



DEVELOPING AND REVISING HIV POLICIES

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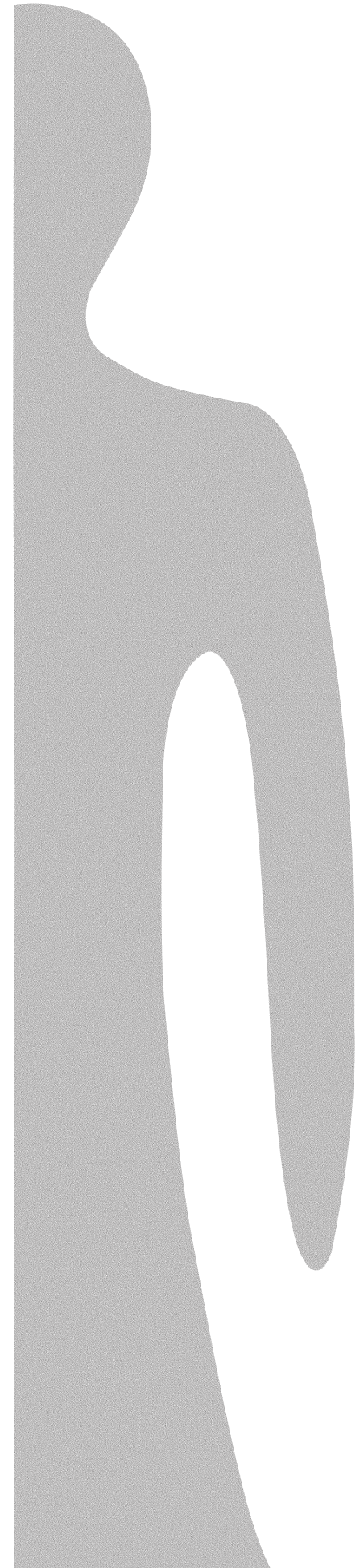


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Introduction

The growing problem of HIV and AIDS in schools and in society demands a reaction from educators. Sound educational policies regarding HIV and AIDS are a first, vital step in formulating an educational response to the disease. Many state and district officials have developed HIV policies to educate their communities about the disease, set a clear direction, and allay any public concern. These policies establish guidelines for decision making and action that teachers, principals, and other educators can follow when their schools are confronted with the issue of HIV. When schools and communities agree on these policies, they often avoid the confusion that can surround HIV and AIDS.

Three areas of concern are typically addressed by HIV policies: issues of education, issues regarding students and staff who are infected with HIV, and procedures for safely handling body fluids. Policies focusing on education typically address such issues as when and how to teach students about HIV and AIDS, the content of an HIV curriculum, staff preparation, and evaluation of the HIV education program. Policies focusing on people particularly address the confidentiality and rights of people who are infected. Policies focusing on infection control address proper methods of ensuring a safe environment for students and staff.

HIV policies that focus on education vary greatly from state to state, from detailed guidance to offering general guidelines for district educators to follow if they wish. Policies also need to be developed at the district level. HIV policies are most successfully developed with substantial community and health department involvement. Some states, in fact, require school districts to involve community members when establishing local HIV policies. As with state policies, district policies vary greatly, often reflecting the traditions and values of their community.

Although great variability can be found among state and local policies, sound HIV policies are built on common ground. Basic procedures should be followed in developing a policy to ensure that the policy, whether focused on education, people infected with HIV, or contact with body fluids, is effective. Certain content issues are consistently considered in district-level HIV education policies. Much of the content of policies for people with HIV are dictated by current medical knowledge as well as laws protecting individual rights. In addition, responsible policymakers will evaluate their HIV-related policies and revise them if necessary to make them more up to date and effective.

Several aids to policymakers are included in this booklet. Selected resources that provide detailed discussions of HIV policy development and content issues are summarized, and information for ordering them is provided. Two rating forms are provided at the end of this booklet that address issues related to (1) the policymaking process, and (2) policymaking content—that is, HIV education policies, policies regarding persons infected with HIV, and infection control policies. Although these rating forms appear to be prescriptive, they should be used with the understanding that policies among school districts may vary greatly due to overriding state policies, the districts' internal characteristics, and community influence. Also included at the end of this booklet is a sample survey asking teachers and administrators about the dissemination of a policy, their training regarding the policy, and their use of the policy.

Available Documents

Since policy development guidelines have been well stated in the following documents, they will not be restated here. To assist those who are either developing an HIV-related policy or revising an existing one, the following pages contain summaries of selected booklets and databases from organizations that have already addressed this topic. These resources provide detailed discussions of policy content and process issues.

Some of the materials summarized here are more relevant to HIV education-focused policies, while others are more applicable to people infected with HIV. Some of these materials deal primarily with infection control. Most of these materials contain bibliographies leading to other sources that may be helpful in revising or establishing policies. Note, however, that although these documents have been published relatively recently, some information may already be out of date. As a result, educators should have their policies reviewed by someone from their local health department who is knowledgeable about HIV and AIDS. Another possibility would be to check with the National Aids Hotline (800/342-2437) or the National AIDS Information Clearinghouse to ensure that policies are based on current information.

Someone at School Has AIDS

Someone at School Has AIDS: A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV.

Alexandria, VA: National Association of State Boards of Education, 1989. For additional information, write or call the National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA 22314 (703/684-4000).

Although this 35-page booklet was developed for state and local policymakers, it contains information of interest to anyone wanting to know more about HIV policies and how schools can best prepare for the impact of HIV and AIDS on their communities. The booklet contains a set of suggested policies related to students and staff members infected with HIV. More specifically, these policies speak to (1) general principles, (2) dealing with students or staff infected with HIV, (3) confidentiality, (4) testing, and (5) infection control. Each policy is followed by a discussion providing answers to questions readers may have about the policy. These policies were developed in 1988 and 1989 by a group of experts in law, medicine, public health, and education who were familiar with the issues surrounding HIV infection and AIDS. The experts were asked to develop policies for state and local school districts regarding students and school staff members who were infected with HIV. The suggested policies reflect this group consensus.

This booklet also contains a resource section discussing steps to take in developing an HIV-related policy, general principles for HIV education, relevant federal legislation on discrimination and protection for the handicapped, reporting of HIV infection, and crisis management. Two appendices contain information on ordering related publications and a separate bibliography of related references.

Effective AIDS Education: A Policymaker's Guide. Alexandria, VA: National Association of State Boards of Education, 1988. For additional information, write or call the National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA 22314 (703/684-4000).

This 36-page booklet challenges state policymakers to provide effective HIV education for staff and students and to develop comprehensive policies related to HIV and

*Effective AIDS
Education: A
Policymaker's
Guide*

AIDS. It is divided into three parts. Section I describes the AIDS epidemic and discusses the risk for teenagers and the consequent need for education related to HIV and AIDS.

Section II deals with the challenge of providing an effective education program that will motivate young people to change their behaviors related to HIV infection. This section includes a brief description of several approaches that might be useful in changing behaviors, a discussion of the role of abstinence in HIV education programs, and discussions of the need for materials and programs developed especially for minority youth and for those who may be difficult to reach, such as runaways, young homosexuals, and IV drug users.

Section III focuses on the role of state policymakers in combatting HIV and AIDS. This section encourages state policymakers to expand their traditional leadership role of setting policies and providing funding to a more comprehensive role that includes creating a multifaceted state plan for AIDS, building public support for effective AIDS prevention education, and providing continuing attention to these issues. This booklet also contains a list of sources for more information.



Reducing the Risk: A School Leader's Guide to AIDS Education. Washington, DC: National School Boards Association, 1990. For additional information, write or call the National School Boards Association, 1680 Duke Street, Alexandria, VA 22314 (703/838-6722).

*Reducing the
Risk: A School
Leader's Guide
to AIDS
Education*

This 43-page booklet provides school leaders with information they need to make decisions and to provide the leadership necessary for effective HIV education in the nation's schools. It provides information not only about HIV education but also about ways to deal with possible adverse responses from the community faced with HIV infection in the schools. The booklet begins with information regarding the epidemiology of AIDS and documents the magnitude and threat of HIV infection, especially to young people. The booklet also stresses the need for HIV education and policies. Suggestions are offered to help policymakers overcome barriers to HIV education. Also included are a policy framework for HIV education and a discussion of issues that are important for making curricular and instructional decisions. The booklet concludes with a section containing re-

sources for school officials to use in developing HIV education programs.

*Effective HIV
Education in
Urban Schools:
A Policymaker's
Guide*

Effective HIV Education in Urban Schools: A Policymaker's Guide. Washington, DC: Council of the Great City Schools and National Association of State Boards of Education, 1991. For additional information, write or call the National Association of State Boards of Education, 1012 Cameron St., Alexandria, VA 22314 (703/684-4000) or the Council of the Great City Schools, 1413 K St. N.W., Suite 400, Washington, DC 20005 (202/371-0163).

This 54-page booklet is intended to be a resource guide specifically for educators in urban school districts. The booklet is divided into three sections. Section I includes information about the HIV epidemic, a review of AIDS research, and a discussion of the need for HIV prevention education. In Section II, the components of effective HIV education programs are discussed with an emphasis on changing behavior through comprehensive school health programs, reaching youth in high-risk situations, and tapping community support and services.

The largest portion of the booklet, Section III, describes the elements of a district plan for preventing the spread of HIV infection. Six steps normally taken in developing a district plan for HIV prevention education are presented in this section. They include: building public support, creating a district policy and program, monitoring and evaluating the district program, enacting a district policy, developing a crisis action plan, and providing continuing attention to AIDS education. The booklet also contains ordering information for selected publications and a bibliography of related books, reports, and articles.

*Responding to
HIV and AIDS*

Responding to HIV and AIDS. Washington, DC: The National Education Association Health Information Network, 1992. For additional information, write or call The NEA Health Information Network, 1201 16th St. NW, Washington, D.C. 20036 (202/822-7570).

This 40-page booklet provides basic information about AIDS and HIV and its transmission. It is the third handbook about the HIV epidemic developed for the National Education Association. The booklet includes sections

on HIV antibody testing, proper methods for handling bodily fluids in the school setting, how infected people can be helped, and the processes of grief and mourning experienced at the death of a loved one. The booklet also contains national hotline numbers, hotline numbers for each state, and addresses and phone numbers for state and local HIV education liaisons.

NSBA HIV and AIDS Resource Database

The NSBA HIV and AIDS Resource Database. Alexandria, VA: National School Boards Association. For additional information, write or call the HIV and AIDS Education Project, NSBA, 1680 Duke St., Alexandria, VA 22314 (703/838-6754).

The NSBA HIV and AIDS Resource Database was developed by the National School Boards Association's HIV and AIDS Education Project to help policymakers and educators make informed decisions about HIV and AIDS policy and education issues. The database contains over 700 entries and is continuously updated. Database entries include state and local policies, curricula, articles, books, journals, and videotapes. Each entry includes an abstract, basic bibliographic information, information about the target audience, and a description of the type and subject of the material. Subjects that can be found in the database include HIV transmission modes, legal and policy issues, HIV prevention education, comprehensive health education, and community involvement. Hard copies of source materials are maintained by the HIV and AIDS Education project, and reproductions of many items are available upon request.

The AIDS School Health Education Subfile of the Combined Health Information Database (CHID). Atlanta, GA: Division of Adolescent and School Health of the Centers for Disease Control's Center for Chronic Disease Prevention and Health Promotion. CHID is available for online searching through MAXWELL ONLINE, BRS Information Technologies Division, 1200 Route 7, Latham, NY 12110 (800/289-4277).

Adolescent and School Health Resources: HIV and AIDS. Atlanta, GA: Division of Adolescent and School Health of the Centers for Disease Control's Center for Chronic Disease Prevention and Health Promotion, April 1990 and (update) January 1991. These written publications contain citations and abstracts of all of the resources entered into the AIDS School Health Education

*The AIDS School
Health Education
Subfile of the
Combined
Health
Information
Database (CHID)*

Computer Database through January 1991. For additional information, write or call Bill Thomas, Centers for Disease Control, Technical Information Services Branch, Mailstop K-13, Atlanta, GA 30333 (404/488-5080) or Margaret Cleveland, Centers for Disease Control, Division of Adolescent and School Health, Mailstop K-31, Atlanta, GA 30333 (404/488-5372).

The AIDS School Health Education Database can be accessed using a telecommunicating computer terminal or through libraries and information centers that subscribe to BRS. To access CHID using your own computer terminal, you need a subscription to BRS, a communications software package, and a modem.

The database includes educational materials and other relevant information on HIV infection and AIDS for educators to use in teaching children, youth, and college-aged students about HIV infection and AIDS. The 295-page publication, *Adolescent and School Health Resources: HIV and AIDS* (April 1990) and its 76-page January 1991 update contain citations and abstracts of the materials contained in the database. Citations and abstracts included in these two publications are listed in the following sections: audiovisuals; books and book chapters; brochures and pamphlets; journal articles; papers, speeches, and statements; reports; teaching guides and curricula; and other miscellaneous entries. Each citation contained in *Adolescent and School Health Resources: HIV and AIDS* and its supplement provides information on how the cited item can be ordered or obtained.

Guidelines for Effective School Health Education to Prevent the Spread of AIDS, Morbidity and Mortality Weekly Report: Supplement No. S-2, Vol. 37. Atlanta, GA: U.S Department of Health and Human Services, Public Health Services, Centers for Disease Control, Center for Health Promotion and Education, June 24, 1988. For additional information, write or call Centers for Disease Control, Division of Adolescent and School Health, Mailstop K-31, Atlanta, GA 30333 (404/488-5372).

This 14-page *MMWR* supplement provides educators with information they need to plan, implement, and evaluate their HIV prevention education efforts. The need for developing HIV education policies is emphasized. The docu-

Guidelines for Effective School Health Education to Prevent the Spread of AIDS

ment also stresses that HIV education should be locally determined and consistent with community values, and that state departments of education and health should work together with local school districts and departments of health in providing HIV education. The guidelines recommend that HIV education be provided at multiple grade levels, from early elementary to high school, as part of a comprehensive health education program. Specific guidelines are provided for the preparation of school personnel and the content to include in early elementary school, late elementary/middle school, and junior high/senior high school HIV education programs. In addition, recommendations are given for teacher qualifications, goals related to effective HIV education, curriculum time and resources, and program assessment.

Policy Evaluation

Many states and school districts already have HIV policies in place. Some of these policies are well-conceived documents that provide sound advice for teachers and administrators. They have provided thoughtful guidance in times of crisis and have helped provide quality HIV education to students. Other policies, however, may not have been as successful. Officials in school districts or states with preexisting HIV-related policies need to know if their policies are defensible in light of current knowledge, are understood by everyone who might need to follow them, are in the hands of everyone who might need to follow them, and have met the needs of the people affected by them. By systematically evaluating HIV policies, educators can see whether their policies are well conceived and have been effective. If the policies fall short of expectations, they can be improved through revision.

Three basic procedures can be used to evaluate an HIV-related policy. (1) The content of the policy and the process by which it has been developed can be judged against the recommendations provided in the policy guidance documents cited. (2) The policy can be reviewed by experts against current medical and legal knowledge that may have changed since the policy was enacted. (3) Users of the policy can be surveyed. The checklists in Appendices A and B can be used as tools for the first approach. Appendix C provides a sample survey of teachers and administrators that policymakers can use to gain information from users of the policy (the third approach). Policymakers can judge whether or not the

policy has met their expectations based on information they gain from this survey. In addition to using the resources contained in this booklet, policymakers can periodically review their policy from a legal and medical standpoint with local experts (the second approach). If after collecting information using these three tactics the policy is found to be lacking in some way, policymakers should consider revising the policy.

Conclusion

The development of HIV policies is a critical first step for educators fighting the battle against AIDS. Sound policies lead to successful HIV prevention programs and ensure effective responses from school personnel in situations ranging from a child cutting a finger to a community in crisis. Each of the policymaking procedures and content issues discussed in the documents cited in this booklet should be considered in developing or reviewing an HIV policy. Although all of these procedures and issues should optimally be followed or addressed, they may not be applicable to a school district because of overriding state policies, the district's internal characteristics, or the local community's influence. These influences should be thoughtfully acknowledged when rating a policy against the procedures and content issues addressed in the checklists in this booklet. Both the development and evaluation of a policy require an understanding of many factors and a sensitivity to varied points of view. With flexibility in mind and policymaking and evaluation tools at their disposal, policymakers should find both developing and improving their policies a rewarding experience.

APPENDIX A

Polycymaking Process Checklist

- | | | | | |
|----|--|-----|----|---------|
| 1. | Gathered updated and pertinent HIV information and contacted experts. | YES | NO | UNCLEAR |
| 2. | Formed a policy-development committee representing diverse community and school interests. | YES | NO | UNCLEAR |
| 3. | Provided the committee with updated HIV information and ample opportunity to share their opinions. | YES | NO | UNCLEAR |
| 4. | Committee reached consensus on most issues to be addressed in the policy. | YES | NO | UNCLEAR |
| 5. | Sought all committee members' suggestions for revision of the initial policy draft. | YES | NO | UNCLEAR |
| 6. | Had policy approved by committee and adopted by school officials. | YES | NO | UNCLEAR |
| 7. | Provided thorough information to the public about the policy. | YES | NO | UNCLEAR |
| 8. | Provided staff training regarding HIV policies. | YES | NO | UNCLEAR |
| 9. | Devised a plan for the periodic review of HIV-related policies. | YES | NO | UNCLEAR |

APPENDIX B

Policymaking Content Checklist

HIV Education Policy

- | | | | | |
|----|---|-----|----|---------|
| 1. | Thorough HIV education is included as a part of a more comprehensive school health education program. | YES | NO | UNCLEAR |
| 2. | HIV education is integrated into other subject areas. | YES | NO | UNCLEAR |
| 3. | HIV education is required of students before advancing to another grade level or graduating. | YES | NO | UNCLEAR |
| 4. | HIV education is taught in elementary school through high school. | YES | NO | UNCLEAR |
| 5. | HIV education is designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade. | YES | NO | UNCLEAR |
| 6. | HIV education describes the benefits of abstinence for young people. | YES | NO | UNCLEAR |
| 7. | HIV education is designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV. | YES | NO | UNCLEAR |

8. HIV education is taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades.

YES

NO

UNCLEAR

9. Sufficient program development time, classroom time, and educational materials are provided for HIV education.

YES

NO

UNCLEAR

10. Guidance regarding appropriate HIV topics, instructional materials, and strategies are provided.

YES

NO

UNCLEAR

11. Adequate training about AIDS is provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS.

YES

NO

UNCLEAR

12. The outlined staff development program has all of the characteristics provided in Guideline 2 of *Evaluating HIV Staff Development Programs*.

YES

NO

UNCLEAR

13. Parents, teachers, students, and community representatives are involved in developing, implementing, and assessing HIV education policies and programs.

YES

NO

UNCLEAR

14. Parent or guardian permission for student participation in HIV education is required.

YES

NO

UNCLEAR

15. A plan for the evaluation of the HIV education program is specified.

YES

NO

UNCLEAR

Addressing the Needs of Persons Infected with HIV

- | | | | | |
|----|---|-----|----|---------|
| 1. | Specific procedures to meet the needs of persons infected with HIV are simple, standard, and clearly defined. | YES | NO | UNCLEAR |
| 2. | A breach of confidentiality is highly unlikely given the confidentiality procedures established by the policy. | YES | NO | UNCLEAR |
| 3. | Great care is taken to protect against discrimination of a student or staff member infected with HIV. | YES | NO | UNCLEAR |
| 4. | There is little or no disruption to the school schedule, responsibilities, or job environment of a student or staff member infected with HIV. | YES | NO | UNCLEAR |
| 5. | A plan for the periodic review of the health status of a person infected with HIV is addressed. | YES | NO | UNCLEAR |
| 6. | Specific procedures are clearly defined for appealing HIV-related district decisions or policies. | YES | NO | UNCLEAR |
| 7. | The district contact person for staff infected with HIV and parents of students infected with HIV is clearly identified. | YES | NO | UNCLEAR |

Infection Control Policy

1. Procedures for cleaning up body fluids and handling blood are clearly defined in the policy.

YES

NO

UNCLEAR

2. Training of all staff in infection-control procedures is required.

YES

NO

UNCLEAR

Appendix C

Sample Policy Survey for Educators

Assessment Focus: Policy dissemination and educators' reactions to an HIV education policy and infection control procedures

General Description

This sample five-page form measures the extent of HIV policy dissemination to educators and their reactions to the policy.

Rationale

Teachers and administrators who utilize a policy in carrying out their duties can provide insights regarding the usefulness of the policy that are not immediately apparent to policymakers. Policymakers often find this information useful in organizing policy dissemination efforts and revising policy statements. Educators can offer the most useful information after they have attempted to implement what they learned in staff development sessions regarding the policies. Therefore, a survey such as that provided here should not be distributed to participants at the conclusion of a staff development session. Instead, surveys should be circulated to participants after enough time has passed to expect them to use the policies. The survey can be distributed to a representative sample of teachers and administrators or to all teachers and administrators in the district.

Scoring Procedures

The contents of a policy evaluation form should be customized to reflect a particular district's policies and related training. Scoring, therefore, would be based on the particulars of the form being used. Because HIV crisis action plans are carried out by a very small number of individuals close to the superintendent of a district, questions regarding a crisis action plan probably would not appear on a general teacher or administrator survey.

POLICY SURVEY FOR EDUCATORS

The purpose of this survey is to find out how helpful the district's HIV and AIDS policies are to teachers and students. The information that you provide will be used to improve the policies and the training efforts associated with them.

Please do not put your name on this form. Your answers will be anonymous. When you have completed this survey, return it in the enclosed stamped self-addressed envelope.

1. What is your primary position? (Circle one.)
 - A. Teacher
 - B. Administrator
 - C. Nurse
 - D. Counselor
 - E. Other

2. Are you familiar with any of the district's policies related to HIV and AIDS? (Circle one.)

YES

NO

If no, please stop here and return the survey. Thank you.

3. Do you have a copy of any of the following HIV policy statements? (Circle all that apply.)
 - A. Infection Control Procedures
 - B. HIV Education Policy
 - C. Policy regarding Students and Staff Members Infected with HIV
 - D. HIV Crisis Action Plan

HIV EDUCATION POLICY

This section of the survey asks questions about the district's HIV education policy and the staff development efforts related to that policy.

4. Have you attended the district's educator training for HIV education? (Circle one.)

YES

NO

If you have not attended the training session, please go to question 8.

5. During the training session, were the district's HIV policies presented and explained? (Circle one.)

YES

NO

NOT SURE

6. What aspects of the district's HIV education policy should have been treated more extensively in the training?

7. What additional policy-related topics should have been included in the training?

POLICY ADDRESSING THE NEEDS OF PERSONS INFECTED WITH HIV

This section of the survey asks questions about the district's procedures for addressing the needs of persons infected with HIV.

8. Have you received training in how to meet the needs of students and staff members infected with HIV? (Circle one.)

YES

NO

9. Do you have access to materials that describe confidentiality procedures for students and staff infected with HIV? (Circle one.)

YES

NO

NOT SURE

10. During the past year, did you encounter a situation that involved providing support to a student or staff member infected with HIV? (Circle one.)

YES

NO

11. What changes would you recommend in the procedures or the training you received in providing support to students or staff members infected with HIV?

INFECTION CONTROL PROCEDURES

This section of the survey asks questions about the district's established procedures for cleaning up blood and other body fluid spills in the event of an accident or illness.

12. Have you received training in how to avoid HIV and other infections when handling body fluids? (Circle one.)

YES

NO

13. If you wanted to correctly follow the district procedures to clean up a child's nose bleed, would you need to review the written procedures before cleaning away the blood? (Circle one.)

DEFINITELY PROBABLY NOT SURE PROBABLY DEFINITELY
YES YES NOT NOT

14. Does your school have the materials needed to correctly follow the district infection control procedures? (Circle one.)

YES NO NOT SURE

If not, what materials are you lacking?

15. Do you have quick access to the materials needed to correctly follow the district infection control procedures? (Circle one.)

YES NO NOT SURE

If not, what is limiting your access?

16. During the past year, did you encounter a situation that involved you cleaning up blood or other body fluid spills at school? (Circle one.)

YES NO

17. During the past year, did you use the district infection control procedures? (Circle one.)

YES

NO

18. If you answered YES to question 17, how useful did you find the procedures in the situation(s) you faced? (Circle one.)

A. Very useful

B. Somewhat useful

C. Not at all useful

19. What changes would you recommend in the procedures or the training you received to make them more useful to you in handling blood or other body fluid spills?

Thank you for completing this survey.